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UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Regional support for programme preparation, promotion and evaluation

The Executive Director recommends that the Executive Board approve regional support for programme preparation, promotion and evaluation for the period 1992-1993 in the amount of $18,475,000 from general resources, subject to the availability of funds.

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Introduction

1. Since its establishment in 1962, the interregional fund for programme preparation has evolved to encompass other functions. It was first established to work with government ministries in: (a) the preparatory work leading to the formulation of national policies; (b) the preparation of programmes for strengthening services benefiting children; and (c) the assessment of current activities, as well as the exchange of experience between regions and different countries. It has also enabled country programme preparations to proceed where support for them was not available from country programme funds.

2. In 1985, the fund was renamed "the interregional fund for programme preparation, promotion and evaluation" (IFPPE) to reflect the expansion of support to encompass programme evaluation, as approved by the Executive Board in 1984, and programme promotion, as approved by the Board in 1985, in addition to other programme preparation activities that were carried out previously.

3. As programmes have evolved, the nature of programme preparation needs also have changed. Since country programmes can now absorb most funding requirements associated with programme preparation because of increased funding, country offices now prefer the support of knowledge advisory services in dealing with different partners during programme development and for backstopping during implementation. In recent years, regional advisory services have also performed monitoring functions to support the offices in the region.

4. In previous years, regional support for programme preparation, promotion and evaluation was included in the global submission of IFPPE. The Executive Board approved regional support in the amount of $11.2 million for the 1990-1991 biennium out of a global allocation of $30 million for IFPPE.

5. Owing to its special needs, regional support for programme preparation, promotion and evaluation has been prepared as a separate proposal for approval. It is proposed that each region be allocated $400,000 a year for programme operations, in addition to costs incurred by different advisory services unique to each region. The latter needs vary from region to region according to the availability of other resources and the unique programme orientation in each region.

6. The amount proposed for each region is shown below:

Estimated expenditure

(In thousands of United States dollars)

Region	Advisory support 1992	Advisory support 1993	Subtotal	Operational support	Total
West and Central Africa	1 006	1 049	2 055	800	2 855
Eastern and Southern Africa	1 082	1 135	2 217	800	3 017
Americas and the Caribbean	1 033	1 092	2 125	800	2 925
East Asia and the Pacific	962	1 008	1 970	800	2 770
South Asia	552	578	1 130	800	1 930
Middle East and North Africa	572	606	1 178	800	1 978
TOTAL					15 475
Support for initiating programme activities in higher-income countries					3 000
GRAND TOTAL					18 475

Common support functions

7. In view of the goals for children and development in the 1990s adopted by the Executive Board, which were also endorsed by the World Summit for Children, and the need to monitor the progress towards these goals, all regional offices will have a unique role in monitoring progress in their regions and also in helping to develop monitoring mechanisms in the countries in the region.

8. In both the interrelated goals, as well as the support/sectoral goals, health remains a predominant area of activity on behalf of children and development in the 1990s. Thus, all regional offices will be provided with advisory services on primary health care (PHC) that will be broadly responsible for maintaining an overview of the health situation of children and women in the region and closely studying trends, while providing or arranging to provide support to the countries. Each region will also have advisory services in basic education, funded, however, through the basic education reserve (international and regional support) as approved by the Executive Board at its 1990 session (decision 1990/23, E/ICEF/1990/13).

9. Another unique area of activity in the 1990s will be social mobilization, with a prominent role being played by programme communication and information. Social mobilization on a nation-wide scale is crucial if the goals for the 1990s are to be achieved. Moreover, communication will play an increasing role not only in mobilization, but also in empowering people with knowledge so that they can live better lives.

10. Therefore, all regional offices will have advisory services in monitoring, PHC and communication/information/social mobilization supported through this reserve.

Africa

11. Still deeply impacted by serious economic crises, Africa will benefit from expertise in economic analysis to help monitor changes in the socio-economic situation of populations and the status of countries, especially as they affect children. This will also allow for the development of debt relief programmes and cost-effective options, wherever possible. The West and Central Africa Regional Office will provide for additional advisory services in the areas of community development, electronic data processing and supply, while the Eastern and Southern Africa Regional Office will facilitate advisory services on women in development, household food security and planning. In order to carry out these tasks, it is proposed that the two regions in Africa be allocated a total of $5,872,000 for 1992-1993.

Americas and the Caribbean

12. The Americas and the Caribbean, which is a relatively better-off region, faces an economic crisis and problems associated with rapid urbanization, both of which have contributed to an increase in the number of children in especially difficult circumstances. Through the support of this proposal, the regional office will provide advisory services in planning and evaluation, nutrition, urban basic services, children in especially difficult circumstances and communications. An allocation of $2,925,000 is proposed for the Americas and the Caribbean Regional Office for 1992-1993.

Asia

13. In view of the rapidly changing socio-economic situation in Asia, advocacy and dialogue with development partners, especially in better-off and newly industrializing countries, will become an evident need in the coming years. To meet this need, the two regional offices will have senior external relations officers and senior urban advisers. The East Asia and Pacific Regional Office will also provide advisory services in communication and information and supply and procurement, while the new South Asia Regional Office will have a senior adviser and an economist to provide support on programme policy development. This region serves to illustrate how the needs of each region differ and how country offices have varying levels of resources available, and thus, need varying levels of support from the regional office. It is proposed that an allocation of $4,700,000 be made to the two regional offices in Asia for 1992-1993.

Middle East and North Africa

14. In this region of predominantly higher-income countries, the advocacy role of UNICEF is more pre-eminent. Thus, the regional office will emphasize monitoring and evaluation, especially monitoring of the progress towards

the goals for the 1990s, and will provide advisory services in child survival and development and data processing. It is proposed that an allocation of $1,978,000 be made to the Middle East and North Africa Regional Office for 1992-1993.

Programming for initiating activities in higher-income countries

15. In higher-income countries, UNICEF does not provide conventional programme assistance, but only limited support to stimulate initiatives and innovative interactions in favour of children and women. It is proposed that $3 million be allocated for this purpose in the 1992-1993 biennium.

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FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Reduction of outstanding balances through savings or cancellations and funds to cover overexpenditure on approved projects

The Executive Director recommends that the Executive Board approve an amount of $345,916 to cover overexpenditure for one country programme.

Funds to cover overexpenditure

In the course of implementing one project, the effect of rising costs and inflation has resulted in expenditure above the level of the original amount. Therefore, the Executive Board is requested to increase the earlier level for the programme listed below:

Previous programme as outlined in document E/ICEF/	Country	Funds to cover overexpenditure (US dollars)
	Asia	
P/L.1741	Afghanistan	345 916

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FOR INFORMATION

REPORT ON THE USE OF GENERAL RESOURCES FOR PROJECTS APPROVED FOR SUPPLEMENTARY FUNDING

The Executive Director is required to report cases where additional general resources are allocated to country programmes to fund projects approved for supplementary funding that have remained unfunded. The medium-term plan, as approved by the Executive Board at its 1990 session, set aside an unallocated amount to achieve the objectives of the established country programmes. In December 1990, the Executive Director authorized general resources allocations totalling $17,031,000 for 1990, $24,963,000 for 1991 and $2,540,000 for 1992 to fund supplementary funding proposals that have remained unfunded for more than one year. These are detailed in the attached table.

Additional general resources allocations for supplementary funding proposals

(In thousands of United States dollars)

Programme field	Document reference (E/ICEF/)	Programme/projects	Estimated yearly expenditure 1990	1991	1992
AFRICA					
Angola	1987/P/L.7	Water supply and sanitation	-	500	-
Benin	1989/P/L.4	Health services	680	73	
		Water, sanitation and environment	60	1 035	650
Burkina Faso	1989/P/L.8	Health services	795	-	-
Burundi	1988/P/L.2	Primary health	-	200	-
		Planning/social statistics	117	128	-
Central African Republic	1988/P/L.8	Health services	405	100	-
Congo	1988/P/L.9	Health services	58	479	-
Ethiopia	1988/P/L.3	Nutrition	110	390	-
		Water and sanitation	198	202	-
Guinea	1987/P/L.12	Health services	500	-	-
Guinea-Bissau	1989/P/L.6	Health services	750	50	-
Kenya	1989/P/L.2	Health services	568	-	-
		Women-centred project	136	116	-
		Water and environmental sanitation	300	1 170	-
		Nutrition	-	200	-
Malawi	1988/P/L.4	Health services	198	215	-
		Household food security	107	82	-
Mali	1988/P/L.10	Health services	120	380	-
		Nutrition	-	425	-
		Household food security	-	314	-
		Water supply and sanitation	-	493	-
Mauritania	1988/P/L.11	Health services	274	83	-
		Community development	-	593	-

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Programme field	Document reference (E/ICEF/)	Programme/projects	Estimated yearly expenditure 1990	1991	1992
AFRICA (continued)					
Namibia	1989/P/L.3	Health services	500	-	-
		Programme planning	200	-	-
Niger	1989/P/L.7	Household food security	264	86	-
Nigeria	1989/P/L.8	Household food security	500		-
Rwanda	1988/P/L.5	Health services	329	589	-
		Household food security	-	277	-
Senegal	1986/P/L.10	Health services	487	-	-
Sierra Leone	1989/P/L.22	Health services	874	740	-
Somalia	1988/P/L.6	Health services	215	-	-
		Nutrition	30	-	-
		Area-based programme	545	340	-
Togo	1989/P/L.9	Health services	231	400	-
		Community organization	250	715	-
United Republic of Tanzania	1986/P/L.5	Maternal and child health services	887	90	-
		Integrated area-based services	139	1 601	1 140
Zaire	1987/P/L.13	Health services	-	1 000	-
Zambia	1989/P/L.21	Health	350	50	
Subtotal			11 177	13 116	1 790
ASIA					
Laos People's Democratic Republic	1987/P/L.22	Water and sanitation	-	300	750

Programme field	Document reference (E/ICEF/)	Programme/projects	Estimated yearly expenditure 1990	1991	1992
ASIA (continued)					
Myanmar	1987/P/L.20	Health	300	-	-
		Nutrition	-	435	-
		Water supply and sanitation	-	401	-
Pakistan	1988/P/L.21	Water and sanitation	-	1 600	-
		Health services	-	1 000	-
Papua New Guinea	1989/P/L.24	Health services	200	-	-
Philippines	1988/P/L.23	Area-based programme	-	500	-
		Nutrition	-	105	-
Sri Lanka	1988/P/L.27	Child nutrition	-	900	-
Viet Nam	1988/P/L.25	Health	62	130	-
		Nutrition	300	325	-
		Water and sanitation	400	638	-
		Early childhood development	-	94	-
Subtotal			1 262	6 428	750
AMERICAS AND THE CARIBBEAN					
Bolivia	1989/P/L.10	Health services	350	-	-
		Nutrition	172	28	-
Dominican Republic	1988/P/L.13	Health services	-	112	-
Panama	1987/P/L.33	Basic services	-	105	-
Paraguay	1989/P/L.13	Health services	145	-	-
Peru	1989/P/L.23	Health services	350	-	-
Subtotal			1 017	245	-

Programme field	Document reference (E/ICEF/)	Programme/projects	Estimated yearly expenditure 1990	1991	1992
MIDDLE EAST AND NORTH AFRICA					
Djibouti	1989/P/L.18	Health services	150	100	-
		Water and sanitation	-	100	-
Lebanon	1987/P/L.35	Health services	400	-	-
		Education	150	-	-
Palestinians in Lebanon	1984/P/L.28	Income generation	75	-	-
		Water and sanitation	100	-	-
Palestinians in the West Bank and Gaza	1988/P/L.34	Services for children	-	695	-
Sudan	1987/P/L.25	Health services	-	2 000	-
		Health services	2 300	-	-
Turkey	1988/P/L.30	Area-based programme	-	700	
Subtotal			3 175	3 595	-
INTERREGIONAL					
Control of iodine deficiency disorders	1989/P/L.28	Services for children	400	1 579	-
Subtotal			400	1 579	-
Total			17 031	24 963	2 540

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FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Establishment of a vaccine independence initiative

The Executive Director recommends that the Executive Board approve an interregional programme for the period 1991-1995 to establish and capitalize a revolving fund to enhance the ability of developing countries to procure, with their own currencies, high-quality, low-cost vaccines in adequate quantities to reach and sustain universal child immunization and to achieve the goals of eradicating poliomyelitis, eliminating neonatal tetanus and controlling measles during the 1990s, in the amount of $10 million in supplementary funds, subject to the availability of specific-purpose contributions.

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INTRODUCTION

1. The global drive to achieve universal child immunization (UCI) has been a resounding success, with immunization coverage in developing countries overall increasing nearly fourfold from a base of approximately 20 per cent in 1981 to reach the 1990 goal of 80 per cent. Moreover, if the increase in population is taken into account, coverage increased fivefold. At the end of 1989, coverage for specific antigens was as follows: 80 per cent for anti-tuberculosis vaccine (BCG); 78 and 75 per cent, respectively, for three doses of poliomyelitis vaccine and combined diphtheria/pertussis/tetanus (DPT) vaccine; and 71 per cent for measles vaccine. Tetanus toxoid coverage for pregnant women, at 44 per cent for the second dose, remains an area requiring special attention in the next several years.

2. When data for 1990 are compiled, it is expected that 80 per cent coverage levels will be reached globally for three doses each of DPT and poliomyelitis, and BCG will exceed the 80 per cent target. The figure for measles coverage, likely to be between 75 and 80 per cent, is lower, in part owing to the fact that reporting is restricted to vaccinations administered to infants between the ages of 9 to 12 months. Surveys have shown higher coverage in many countries among children aged up to 18 months.

3. The number of developing countries achieving their UCI targets has also increased each year, from only 16 in 1986 to 34 in 1988 and to 43 by 1989. An additional 40 countries achieved coverage levels greater than 60 per cent in 1989, and during 1990 were striving to reach their UCI targets. It is expected that approximately 60 countries will have reached UCI by the end of 1990 and another 15 to 20 will have achieved the goal for all antigens except measles. These achievements are detailed in documents E/ICEF/1991/L.8 and E/ICEF/1991/L.8/Add.1.

4. At these coverage levels, the World Health Organization (WHO) estimates that 3 million deaths from measles, neonatal tetanus and whooping cough, as well as more than 400,000 cases of poliomyelitis, were prevented in 1990. These figures, of course, are only estimates and do not take into account children whose lives have been saved from immunizable diseases, but who subsequently die from another cause.

5. UNICEF has supported the global immunization programme during the past 10 years by providing developing countries with a significant portion of the vaccines, together with much of the cold-chain equipment to protect the vaccines and injection and sterilization equipment. UNICEF support has also included the provision of vehicles to distribute vaccines and facilitate programme management, the training of health workers and the provision of resources for communication and social mobilization activities. UNICEF has expended nearly $500 million for immunization activities during this period.

6. With the success in improving immunization coverage, the World Health Assembly has set goals of eradicating poliomyelitis globally by the year 2000, eliminating neonatal tetanus by 1995, reducing measles cases and mortality by 90 and 95 per cent, respectively, by the year 2000 and increasing coverage of children under one year old to 90 per cent by the year 2000. These goals were endorsed by the UNICEF/WHO Joint Committee on Health Policy and the UNICEF Executive Board in 1989 (decision 1989/12, E/ICEF/1989/12) and by the World Summit for Children in 1990.

I. UNICEF VACCINE PROCUREMENT

7. The UNICEF supply system has been very effective in procuring low-cost quality vaccines. Since 1982, a total of 4,408.7 million doses at a cost of $177.2 million have been procured for programmes and on behalf of Governments and Rotary International. WHO has cooperated with UNICEF in elaborating technical and biological standards and in designating vaccine manufacturers that meet these standards for the UNICEF bidding process. Vaccines are shipped directly from manufacturers to the receiving countries, and an elaborate mechanism ensures that the cold chain is maintained and that vaccines are protected during shipment.

8. The demand for UNICEF-procured vaccines will continue to rise as coverage increases and disease eradication programmes accelerate. The Supply Division estimates that 5,557 million doses, valued at approximately $362.6 million, will be procured over the next five years. Many countries have already requested UNICEF support for the provision of hepatitis B vaccine, as well as the triple-antigen measles, mumps, rubella vaccine. Continued support for cold chain upgrading and replacement and the provision of injection and sterilization equipment has also been requested and will be required to sustain immunization programmes in most developing countries during the next several years.

9. Rotarians world-wide have played an important role in the UCI drive. Following the launch of the "Polio Plus" initiative in 1986, a total of $226 million was collected, against a target of $120 million. Rotary/UNICEF collaboration began in 1986 with an agreement for UNICEF to procure poliomyelitis vaccines on behalf of Rotary (Rotary provides funding only for poliomyelitis vaccines), and $41 million has been received for this purpose. Smaller amounts have been received as well to support the cold chain and social mobilization activities. Rotary has pledged to provide funds for poliomyelitis vaccines to developing countries until the disease is eradicated. However, funding for other expanded programme on immunization (EPI) vaccines remains a challenge for the next decade.

II. VACCINE INDEPENDENCE INITIATIVE

10. The vaccine independence initiative is being developed to provide a mechanism for developing countries to become self-reliant in vaccine procurement, the most critical element in the immunization programme. It is anticipated that, over the next two to five years, many countries, except the poorest, will fund their own vaccine requirements, freeing UNICEF funds to support other activities and needs of the immunization programme.

11. However, although many countries are able to provide adequate budgets for purchasing vaccines, they may be unable to secure adequate hard currency from scarce foreign currency reserves. Therefore, the initiative will have three components: (a) revolving fund; (b) a vaccine procurement mechanism; and (c) a mechanism to utilize local currencies to replenish the dollar-based fund. The dollar-based revolving fund will accept payment for vaccines in a national currency, which will then be utilized by UNICEF (and, where applicable, the United Nations Development Programme (UNDP), WHO and other United Nations agencies) to meet country programme and administrative expenses. The dollar equivalents will then be freed to pay for the vaccines. The capitalized fund will also generate a modest amount of income that will pay for its administration. Vaccine procurement will continue through the current UNICEF system, and countries that can pay for vaccines with hard currency can also participate in the programme to benefit from the UNICEF procurement mechanism, which supplies high-quality vaccines at lowest prices.

12. The initiative will be organized in geographic groupings to facilitate regional cooperation in the administration of the initiative, and because it is anticipated that a regional organization or donor country could provide resources to capitalize the revolving fund for a group of countries. It is anticipated that the initiative will be implemented in close collaboration with the WHO EPI.

13. The initiative offers the following advantages to the participating countries:

(a) Quality, low-cost vaccines will be available on a timely, recurrent basis through the established, efficient UNICEF procurement system;

(b) Countries will be able to pay for vaccines with local currency, thus avoiding a drain on scarce foreign exchange;

(c) UNICEF funding will be freed to provide support for other critical activities;

(d) Self-sufficiency in a vital recurrent health intervention will be assured;

(e) Regional collaboration will be enhanced.

III. RECOMMENDATION

14. The Executive Director recommends that the Executive Board approve the vaccine independence initiative for the period 1991-1995 in the amount of $10 million in supplementary funds, subject to the availability of specific-purpose contributions.